

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2		1					52		1				
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9	1						59	1					
10		1					60		1				
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17	1						67						
18							68						
19							69	1					
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27	1						77	1					
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35	1						85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43	1						93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

84/11